



Application For Plumbing Permit

7800 Golden Valley Road, Golden Valley, MN 55427-4588
 Phone: (763) 593-8090 Fax: (763) 593-3997 TTY: (763) 593-3968

Date _____ Permit No. _____

Site Address	Suite #
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Applicant: Owner _____ Contractor _____

Property Owner	Name _____ Phone: _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Fax: _____ E-mail _____ Contact Person _____ Cell: _____

Plumbing Permit Type:	<input type="checkbox"/> 20 - Fixtures <input type="checkbox"/> 22 - Meter - Domestic <input type="checkbox"/> 23 - Meter - Fire <input type="checkbox"/> 24 - Meter - Lawn <input type="checkbox"/> 21 - Other _____ <input type="checkbox"/> 25 - Gas Piping (Material _____) <input type="checkbox"/> 83 - In-Floor Water Heater <i>*NOTE: 12 feet or more of gas piping requires an air test. (Length of Gas Piping _____)</i>
Work Type:	<input type="checkbox"/> 80 - New <input type="checkbox"/> 83 - Repair <input type="checkbox"/> 88 - Replace (same location) <input type="checkbox"/> 91 - Replace (moved)
Office Use	<input type="checkbox"/> 01 - Rough-In (Air Test-Plbg) <input type="checkbox"/> 13 - Visual <input type="checkbox"/> 02 - Final
Required Inspections	<input type="checkbox"/> 11 - Gas Line Air Test at end of test <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Undefined <input type="checkbox"/> 21 - Gas Line Air Test at start of test <input type="checkbox"/> 24 - RPZ Test Results

	Back Flow Preventer	RPZ Valve	Bath Tubs	Dish Washer	Drinking Fountain	Flam Waste Trap	Floor Drains	Garbage Disposal	Grease Trap	Sewage Ejector	Laundry Tubs
Basement											
1st Story											
2nd Story											
	Lavatory	Roof Drains	Shower	Sink	Slop Sink	Sump Pump	Urinal	Wash Tray	Water Closet	Water Heater	Water Softener
Basement											
1st Story											
2nd Story											

Misc. Fixtures: Sillcocks _____ Coffee Line _____ Wash Machine _____ Other _____ Size of Water Meter _____

Total Number Plumbing Fixtures _____

*** (OVER) ***

For backflow preventer/RPZ: Make:_____ Model #_____ Serial #_____

Estimated Value of Work \$ _____

FEES	
Plumbing	\$ _____
State Surcharge	\$ _____
(State Surcharge is Value X .0005)	
Meter	\$ _____
Tax	\$ _____
TOTAL	\$ _____

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Golden Valley to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Golden Valley and the State of Minnesota.

Applicant's Signature

Date

_____ For Office Use Only _____

Y **N** The Minnesota Department of Labor and Industry must approve the sewer and water design
☐ ☐ on all sewer/water installations of Commercial property before the City of Golden Valley can
approve permit issuance.

Date of Approval _____

WATER METER SALES: IF REQUEST FOR METER IS LARGER THAN 5/8 INCH, ENGINEERING DEPARTMENT MUST APPROVE.

Permit Approved By:

Date Approved:

G:\PLUMBING\PERMITAPPLICATION (01/01/2011)



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

